

Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
to respond to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

NOV 21 2003 TRANSMITTAL FORM <small>(This form is to be used for all correspondence after initial filing)</small>	Application Number	09/416,368
	Filing Date	October 12, 1999
	First Named Inventor	Corisis et al.
	Group Art Unit	2827
	Examiner Name	D. Graybill
		Attorney Docket Number

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Postcard receipt acknowledgment (attached to the front of this transmittal)	<input type="checkbox"/> Information Disclosure Statement, PTO/SB/08A (08-00); <input type="checkbox"/> copy of cited references	<input type="checkbox"/> Terminal Disclaimer
<input checked="" type="checkbox"/> Duplicate copy of this transmittal sheet in the event that additional filing fees are required under 37 C.F.R. § 1.16	<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement; PTO/SB/08A (08-00); copy of cited references	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Associate Power of Attorney	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Response to Restriction Requirement/Election of Species Requirement dated	<input type="checkbox"/> Petition for Extension of Time and Check No. _____ in the amount of \$	
<input checked="" type="checkbox"/> Amendment in response to office action dated August 15, 2003	<input type="checkbox"/> Petition	
<input type="checkbox"/> Amendment under 37 C.F.R. § 1.116 in response to final office action dated	<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Additional claims fee - Check No. in the amount of \$	<input type="checkbox"/> Certified Copy of Priority Document(s)	
<input type="checkbox"/> Letter to Chief Draftsman and copy of FIGS. _____ with changes made in red	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	
<input type="checkbox"/> Transmittal of Formal Drawings		
<input checked="" type="checkbox"/> Replacement Drawings, FIGS. 4A		
Remarks		
The Commissioner is authorized to charge any additional fees required but not		

Remarks

The Commissioner is authorized to charge any additional fees required but not submitted with any document or request requiring fee payment under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account 20-1469 during pendency of this application.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Bradley B. Jensen	Registration No. 46,801
Signature		
Date	November 17, 2003	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Deidra Pfeil		
Signature		Date	November 17, 2003

Burden Hour Statement: This form is estimated to take 0.7 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.